



City of Scottsdale Benefits

July 1, 2004 – June 30, 2005

www.ScottsdaleAZ.gov/jobs/BeneFacts

City of Scottsdale Benefit Plans

The City of Scottsdale benefits and premium rates listed in this document are for the fiscal year July 1, 2004 to June 30, 2005. Benefit rates may change for the fiscal year beginning July 1, 2005. Any changes will be communicated during our open enrollment period in April 2005.

The City of Scottsdale offers first day health coverage for Full time, Job Share and Part time benefited employees. With flex benefits you have numerous choices to make and a lot of things to consider. This guide provides a brief outline of the options you have and will help you choose the benefits that are right for your own individual situation. For more in-depth information, please see our website at www.ScottsdaleAZ.gov.

It's important to understand that the benefits you receive are a significant part of your total compensation. In most instances, the City pays the total cost of your core benefits. Premiums for most coverages you select are deducted from your paycheck on a before tax basis.

How Can We Help?

Human Resources (480) 312-7600
or hr@ScottsdaleAZ.gov

¿Como Podemos Ayudar?

Por favor llamenle a Sue Sola al (480) 312-2777 si tiene alguna pregunta sobre su selección de beneficios.

Benefit Plan Options

Below is a brief summary of the benefit plan selections you may choose from.

EPO Medical Plan through Aetna Open Access Elect Choice

Provides comprehensive medical coverage with no pre-selection of a primary care physician necessary – simply pick from the Aetna Open Access Elect Choice network. You pay a \$15 co-payment for primary physician visits. Self-refer to an in-network specialist and you pay \$25 co-payment per office visit. There is an inpatient hospital co-payment of \$150 and outpatient surgery co-payment of \$100.

PPO Medical Plan through MMSI (Mayo) Health Tradition

Provides comprehensive medical coverage: \$15 co-payments for in-network primary physician office visits, \$25 co-payments for specialist's office visits and a \$350 in-network deductible per person per year (\$700 family deductible) for other services through a Preferred Provider Organization (PPO). Provides comprehensive medical coverage for out-of-network coverage with a \$700 out-of network deductible per person per year (\$1,400 family deductible).

PPO Medical Plan through Aetna Open Choice

Provides comprehensive medical coverage with a low premium. This plan has a larger deductible, but you are assured coverage for major medical expenses. This plan offers an in-network \$1,000 deductible per person per year (\$2,000 family deductible) through a Preferred Provider Organization (PPO) or you may select a non-preferred provider at an increased out-of-network deductible (\$2,000 deductible per person per year; \$4,000 family deductible).

Assurant Dental HMO

Assurant provides services through a pre-selected general dentist. Services are listed with co-payments on a benefit schedule. Specialist services are available through your primary care dentist or a plan specialist with co-payments or discounts off the plan specialists' normal retail charges depending upon the procedure. This plan includes orthodontic discounts.

Scottsmiles Dental PPO

Scottsmiles has a preferred provider (PPO) network through Blue Cross Blue Shield Dental Choice. You have the freedom to select the dentist of your choice, but if you use a preferred provider dentist, you receive a higher level of coverage. The plan has a \$50 individual annual deductible before any plan payment will be made, \$150 maximum deductible per family and a \$1,500 annual maximum benefit. Orthodontia coverage is available for dependent children younger than 19. The lifetime maximum orthodontia benefit is \$1,500 for each covered dependent child.

Alternative Healthcare

Alternative Healthcare Options (AHO) is a discount program providing alternative and complementary medical services and products at reduced prices. The plan includes access to a provider network of chiropractors, acupuncturists, massage therapists and naturopathic physicians at 20% off billed charges. You can also purchase complementary and alternative products at a 25% discount through AHO's online catalog.

Enhanced Vision

In addition to the basic vision coverage for eye exams and eyewear included with all medical plans, EyeMed Vision Care offers employees the opportunity to save on additional vision care services such as frames and lenses (including various lens options); and LASIK and PRK laser vision procedures.

Monthly Benefit Premiums

July 1, 2004 to June 30, 2005	Monthly Premium	Full Time Employee (City Contribution)	Part Time & Job Share Employee (City Contribution)
City of Scottsdale EPO Plan - Aetna Open Access Elect Choice			
Enrollee Only	\$290.00	\$0.00 (290.00)	\$72.50 (217.50)
Enrollee & Child(ren)	\$479.00	\$24.00 (455.00)	\$137.74 (341.24)
Enrollee & Spouse/Partner	\$630.00	\$45.00 (585.00)	\$191.24 (438.74)
Enrollee & Family	\$736.00	\$66.00 (670.00)	\$233.50 (502.50)
City of Scottsdale PPO Plan - MMSI (Mayo) Health Tradition			
Enrollee Only	\$310.00	\$20.00 (290.00)	\$92.50 (217.50)
Enrollee & Child(ren)	\$495.00	\$40.00 (455.00)	\$153.74 (341.26)
Enrollee & Spouse/Partner	\$650.00	\$65.00 (585.00)	\$211.24 (438.76)
Enrollee & Family	\$775.00	\$105.00 (670.00)	\$272.50 (502.50)
City of Scottsdale PPO Plan - Aetna Open Choice			
Enrollee Only	\$211.00	\$0.00 (211.00)	\$52.74 (158.24)
Enrollee & Child(ren)	\$337.00	\$0.00 (337.00)	\$84.24 (252.74)
Enrollee & Spouse/Partner	\$464.00	\$0.00 (464.00)	\$116.00 (348.00)
Enrollee & Family	\$569.00	\$0.00 (569.00)	\$142.24 (426.74)
Assurant Dental HMO			
Enrollee Only	\$10.10	\$0.00 (10.10)	\$2.52 (7.58)
Enrollee & Child(ren)	\$22.62	\$12.52 (10.10)	\$15.04 (7.58)
Enrollee & Spouse/Partner	\$16.58	\$6.48 (10.10)	\$9.00 (7.58)
Enrollee & Family	\$26.56	\$16.46 (10.10)	\$18.98 (7.58)
Scottsmiles Dental PPO			
Enrollee Only	\$30.00	\$0.00 (30.00)	\$7.50 (22.50)
Enrollee & Child(ren)	\$54.00	\$24.00 (30.00)	\$31.50 (22.50)
Enrollee & Spouse/Partner	\$66.00	\$36.00 (30.00)	\$43.50 (22.50)
Enrollee & Family	\$90.00	\$60.00 (30.00)	\$67.50 (22.50)
Alternative Medicine - Alternative Health Options			
Enrollee Only	\$4.00	\$4.00	\$4.00
Enrollee & Child(ren)	\$5.26	\$5.26	\$5.26
Enrollee & Spouse/Partner	\$4.76	\$4.76	\$4.76
Enrollee & Family	\$6.76	\$6.76	\$6.76
Enhanced Vision Coverage - EyeMed Vision Care			
Enrollee Only	\$5.12	\$5.12	\$5.12
Enrollee & Child(ren)	\$10.18	\$10.18	\$10.18
Enrollee & Spouse/Partner	\$9.68	\$9.68	\$9.68
Enrollee & Family	\$15.26	\$15.26	\$15.26

Medical Coverage Comparison Chart

July 1, 2004 to June 30, 2005	Aetna Open Choice PPO		Aetna Open Access Elect Choice EPO	MMSI (Mayo) PPO	
	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Choice of Physician	Choice of in-network physician(s) or out-of-network physician(s)		Choice of in-network physician(s) only, no pre-selection of a primary care physician necessary	Choice of in-network physician(s) or out-of-network physician(s)	
Deductible per Plan Year	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	None	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Annual Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	\$4,500 Individual \$9,000 Family	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family
Basic Care					
Primary Physician Office Visits (Family & General Practice, Internal Medicine, OB/GYN & Pediatrician)	90% after deductible	70% after deductible	\$15 co-pay per visit	\$15 co-pay per visit	70% after deductible
Specialist Physician Office Visit	90% after deductible	70% after deductible	\$25 co-pay per visit	\$25 co-pay per visit	70% after deductible
Outpatient X-ray & Laboratory	90% after deductible	70% after deductible	No co-pay	90% after deductible	70% after deductible
Physical, Occupational, Speech Therapy (maximum 60 visits per year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Hearing & Vision					
Hearing Examinations	\$10 co-pay per visit	No benefit	\$10 co-pay per visit	\$10 co-pay per visit	No benefit
Vision Examinations	\$10 co-pay per visit	No benefit	\$10 co-pay per visit	\$10 co-pay per visit	No benefit
Vision Materials (frames, lenses, contacts, etc.)	Discounts available through Vision One program at Sears, JC Penney & Target		Discounts available through Vision One program at Sears, JC Penney & Target	Discounts available through LensCrafters	
Wellness					
Routine Physicals, Exams, Pap Smears and Mammograms	90% after deductible	70% after deductible	\$15 co-pay per visit, Mammograms - no co-pay	\$15 co-pay per visit	70% after deductible
Well Baby Care	90% after deductible	70% after deductible	\$15 co-pay per visit	\$15 co-pay per visit	70% after deductible
Chiropractor (maximum 20 visits per year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Immunizations/Allergy Injections	90% after deductible	70% after deductible	No charge	No charge	No charge
Maternity Care					
Office Visits	90% after deductible	70% after deductible	\$15 co-pay first visit	\$15 co-pay first visit	70% after deductible
Delivery	90% after deductible	70% after deductible	\$150 co-pay	90% after deductible	70% after deductible
Inpatient Hospital Care & Outpatient Surgery					
Inpatient Hospital	90% after deductible	70% after deductible	\$150 co-pay per admission	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible	\$100 co-pay	90% after deductible	70% after deductible

Medical Coverage Comparison Chart

July 1, 2004 to June 30, 2005	Aetna Open Choice PPO		Aetna Open Access Elect Choice EPO	MMSI (Mayo) PPO	
	In-Network Benefits	Out-of-Network Benefits		In-Network Benefits	Out-of-Network Benefits
Emergency Care & Urgent Care					
Emergency Room (waived if admitted)	\$100 co-pay, plus 10% co-insurance after deductible	\$100 co-pay, plus 10% co-insurance after in-network deductible	\$100 co-pay	\$100 co-pay, plus 10% co-insurance after deductible	\$100 co-pay, plus 10% co-insurance after in-network deductible
Urgent Care Facility	\$50 co-pay, plus 10% co-insurance after deductible	\$50 co-pay, plus 10% co-insurance after in-network deductible	\$50 co-pay per visit	\$50 co-pay, plus 10% co-insurance after deductible	\$50 co-pay, plus 10% co-insurance after in-network deductible
Ambulance					
Ground	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Air	90% after deductible	70% after deductible	No co-pay	90% after deductible	90% after deductible
Extended Care					
Home Health Care (maximum 40 visits per plan year)	90% after deductible	70% after deductible	\$15 co-pay per visit	90% after deductible	70% after deductible
Skilled Nursing (maximum 60 days)	90% after deductible	70% after deductible	\$150 co-pay per admission	90% after deductible	70% after deductible
Hospice Care	90% after deductible	70% after deductible	No co-pay, no deductibles	90% after deductible	70% after deductible
Prescriptions					
Generic	10% co-insurance (\$10 min-\$20 max)	50% co-insurance	10% co-insurance (\$10 min-\$20 max)	10% co-insurance (\$10 min-\$20 max)	50% co-insurance
Brand Name	20% co-insurance (\$20 min-\$40 max)	50% co-insurance	20% co-insurance (\$20 min-\$40 max)	20% co-insurance (\$20 min-\$40 max)	50% co-insurance
Non-Formulary	40% co-insurance (\$40 min-\$80 max)	50% co-insurance	40% co-insurance (\$40 min-\$80 max)	40% co-insurance (\$40 min-\$80 max)	50% co-insurance
Mail Order Generic	\$20 (90-day supply)	No benefit	\$20 (90-day supply)	\$20 (90-day supply)	No benefit
Mail Order Brand Name	\$50 (90-day supply)	No benefit	\$50 (90-day supply)	\$50 (90-day supply)	No benefit
Mail Order Non-Formulary	\$100 (90-day supply)	No benefit	\$100 (90-day supply)	\$100 (90-day supply)	No benefit
Mental Health					
CIGNA Behavioral Health Outpatient Psychological Consultations	No co-pay, no deductibles		No co-pay, no deductibles	No co-pay, no deductibles	
Non-CIGNA Behavioral Health Outpatient Psychological Consultations	In-network 90% after deductible, out-of-network 70% after deductible		No benefit	90% after deductible	
CIGNA Behavioral Health Inpatient Care	No benefit		\$150 co-pay per admission; covered at 80%	No benefit	
Non-CIGNA Behavioral Health Inpatient Care	\$150 co-pay per admission, covered at 80%		No benefit	\$150 co-pay per admission, covered at 80%	
Maximum Lifetime Benefit					
Lifetime Maximum	\$2,000,000		None	\$2,000,000	

Monthly Benefit Premiums

Short-term Disability Coverage		Supplemental Life Insurance	
Benefit per Week	Employee Cost	Employee's Age	Cost per \$10,000
\$100 Benefit per Week	\$6.80	Under 30	\$0.90
\$200 Benefit per Week	\$13.60	30 to 34	\$1.10
\$250 Benefit per Week	\$17.00	35 to 39	\$1.30
\$300 Benefit per Week	\$20.40	40 to 44	\$1.70
\$350 Benefit per Week	\$23.80	45 to 49	\$2.70
\$400 Benefit per Week	\$27.20	50 to 54	\$3.50
\$500 Benefit per Week	\$34.00	55 to 59	\$6.10
How Can We Help? Human Resources (480) 312-7600 or email hr@ScottsdaleAZ.gov ¿Como Podemos Ayudar? Por favor llamenle a Sue Sola al (480) 312-2777 si tiene alguna pregunta sobre su selección de beneficios.		60 to 64	\$7.90
		65 to 69	\$13.00
		70 to 74	\$21.50
		75 to 89	\$36.00
		Children Coverage per \$2,000	\$0.40

Domestic Partner Coverage

Health insurance coverage may be extended to an employee's domestic partner. This allows benefited employees to elect coverage for health and dental insurance, life insurance, enhanced vision and alternative healthcare coverage for domestic partners. Every domestic partner benefits enrollee is required to complete a notarized Domestic Partnership Affidavit with the relevant supporting documentation. Contact Joe Mardeusz at (480) 312-7803 or Mary Gossett at (480) 312-2746 for a confidential appointment to select domestic partner coverage and to discuss important tax considerations.

Short-term Disability

The Short-term Disability plan provides you with continuing income if you have a medically certified health condition and are unable to perform your job duties.

The amount of Short-term Disability benefit that you receive is based on your selection of a weekly benefit, which cannot exceed 70% of your basic weekly salary. There are several options available regarding the weekly income benefit. You can begin receiving Short-term Disability benefits once your accrued medical leave has been exhausted.

Benefits Guide

Produced by Human Resources

This guide represents a summary of benefits provided by the City of Scottsdale to benefited employees. Every effort has been made to report information accurately. All information, including the amount of any benefit and employee eligibility of benefits, is subject to and governed by the terms and conditions of the applicable policy or plan documents. In all cases where any of the information provided in this guide differs from the amount of benefit actually provided by the policy or plan, the terms of the legal documents will control.

Qualified Life Changes & Dependent Student Status

After being hired as a benefited employee, and other than during our annual open enrollment, you may only make changes to your benefit selections when you experience a qualified life status change such as the birth of a child, marriage or divorce. If you experience a qualified life status change, you may add or cancel dependents, but you may not change plans. You must notify HR within 30 days of a qualified life status change. It is your responsibility to notify HR when a dependent (spouse/domestic partner or child) is no longer eligible for coverage. Failure to cancel an ineligible dependent from your coverage within 30 days will make you responsible for any claims incurred by an ineligible dependent and may result in disciplinary action up to and including termination.

A dependent child between 19 and 25 years of age must be a student enrolled in at least six credit hours to be eligible for coverage. Proof of student status will be requested twice annually.

Cancer/Critical Care Plan

Available through Colonial Life and Accident Insurance Company, Cancer Insurance and Critical Illness Insurance are personal insurance policies. A Cancer policy helps you with financial problems associated with having cancer and can help pay for screening tests that are vital to early detection. A Critical Illness policy complements medical coverage by helping you pay the costs associated with a specified critical illness.

Tools for Better Health

The following wellness, educational and special medical care programs are available through the Aetna and MMSI medical plans.

Aetna EPO & PPO Plan Features

- **24-Hour Informed Health® Line**
Available 24-hours a day, 365 days a year.
- **Simple Steps To A Healthier Life™**
Provides employees and their dependents with customized Health Risk Assessment and health information.
- **Natural Alternatives Program**
Offers special rates on alternative therapies including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors.
- **Fitness Program**
Discounts on membership rates at independent health clubs contracted with GlobalFit.
- **National Medical Excellence Program®**
Program to assist members facing transplant or other complex medical procedures.
- **Moms-to-Babies™**
Maternity management program.
- **Healthy Outlook Program®**
Reaches out to members at risk for certain chronic conditions such as asthma, heart failure, diabetes and low back pain.

MMSI (Mayo) Health Tradition Plan Features

- **Ask Mayo Clinic**
Available 24-hours a day, 365 days a year.
- **Mayo Clinic Health Quest Newsletter**
Informative medical information mailed monthly.
- **Reminders for Better Health**
Personalized healthcare information and reminders mailed to members.
- **Pregnancy Care Program**
Maternity management program.
- **Diabetes and Asthma Programs**
Offered to members identified with these specific conditions.
- **Tobacco Quitline Program**
Specialized assistance with smoking and tobacco cessation.

Group Auto, Home & Renters Insurance

The City of Scottsdale has teamed up with Liberty Mutual to offer you Group Savings Plus - a program that provides savings on your auto, home and renters insurance of up to 10%. Group Savings Plus also features convenient payroll deduction with no finance charges, no down payment required, convenient 24-hour claims service and roadside assistance.

Life Insurance

As a benefited employee, you receive a basic life insurance benefit equal to one times your annual salary rounded up to the nearest \$1,000 through CIGNA Life Insurance. The city also provides a \$200,000 life insurance benefit that will cover benefited employees while traveling on business and also while traveling to and from work.

In addition to basic life insurance, you may apply to purchase supplemental life insurance coverage for yourself, spouse/partner and dependents. On yourself, you may purchase the maximum of \$300,000, in units of \$10,000. This amount cannot exceed five times your annual salary. On your spouse/partner, you may purchase up to a maximum of \$150,000, in units of \$10,000. Monthly premium rates for self and spouse/partner coverage are based on the employee's age. On your children, you may purchase up to the maximum of \$10,000, in units of \$2,000. You must purchase additional life insurance on yourself or spouse in order to be eligible to purchase life insurance on your children. Coverage is subject to the approval of CIGNA Life Insurance. You may apply for new coverage or changes at any time, but must satisfy the insurability requirement.

Retirement Plans

Arizona State Retirement System

Civilian employees that meet the membership requirements are enrolled in the Arizona State Retirement System (ASRS). The pension plan contribution rate for members and the city for the fiscal year beginning July 1, 2004 is 5.2 percent. The long-term disability (LTD) coverage is funded at a rate of 0.50 percent of compensation for the employee is pre-tax and is matched by the city. Total contribution rate for both members and employers for fiscal year 2004/2005 is 5.7 percent. For more information on ASRS, go to their website www.asrs.state.az.us

Public Safety Personnel Retirement System

The Public Safety Personnel Retirement System (PSPRS) is a special retirement system created by the state legislature for full-time certified peace officers and full-time fire fighters in the state of Arizona. Under the PSPRS, the employee contribution rate is fixed by statute at 7.65% of salary on a pre-tax basis. The city's contribution is currently 8.96%. The PSPRS provides retirement, disability, and death benefits. For more information on PSPRS, go to their website www.psprs.com.

Deferred Compensation 457 Plan

In addition to your retirement system, you have the option to supplement your retirement through a voluntary 457 deferred compensation plan offered by the City through ICMA-RC. Deferred compensation allows you to invest and save for your retirement. You may elect to defer part of your compensation as either a percentage of pay or a fixed dollar amount. Your contributions are handled through payroll deduction so your taxes are reduced each pay period. A representative from ICMA-RC is on site two times a month to assist you with your deferred compensation plan.